



Docket No.: 1422-0386P
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Tadamitsu KISHIMOTO et al.

Application No.: 09/367,052

Confirmation No.: 3818

Filed: August 6, 1999

Art Unit: 1648

For: NOVEL MOUSE CXC CHEMOKINE
RECEPTOR

Examiner: Z. Lucas

AMENDMENT UNDER 37 C.F.R. § 1.111

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated September 12, 2005, please amend the above-identified U.S. patent application as follows.


Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.



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AMENDMENT TRANSMITTAL LETTER				Docket No. 1422-0386P	
Application No. 09/367,052-Conf. #3818		Filing Date August 6, 1999		Examiner Z. Lucas	
				Art Unit 1648	
Applicant(s): Tadimitsu KISHIMOTO et al.					
Invention: NOVEL MOUSE CXC CHEMOKINE RECEPTOR					
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	11	- 37 =		x	
Independent Claims	3	- 7 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Mark J. Nuell, Ph.D. Attorney Reg. No.: 36,623				Dated: <u>December 12, 2005</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8043					